U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/890	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Howard Kelly	Name IUOE Local 30
	Labor Organization File Number $0/9779$
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 115-06 Myrtle Avenue	Street 115-06 Myrtle Avenue
City Richmond Hill	City Richmond Hill Was a
State New York ZIP Code + 4 11418	State New York ZIP Code + 4 11418
5. Position in labor organization. Vice President	en a lest coda anensi e i lastak isan asik i
A. Held an interest in, engaged in transactions (including loans) with, or omentary value from an employer whose employees your organization	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	Control of the contro
read traine, it ally.	
P.O. Box, Bldg., Room No., if any	/-
P.O. Box, Bldg., Room No., if any	7.b. Amount.
	7.b. Amount.
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., if any Street	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	\$0.
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	sture Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signal 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	sture Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Howard Kelly	F	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included the your labor organization or with a trust in which your labor organization.	wise dealing with the business yely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name See Schedule 1		
Trade Name, if any:	a. Labor Organization	n
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	
Name See Schedule 1	See Schedule 1	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of	of such dealing.
City	12.a. Nature of interest held o	or income received.
State ZIP Code + 4	See Schedule 1	· :
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~~~	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment,	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
	<u> </u>	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$0;

## SCHEDULE 1 of 1 Howard Kelly 12/31/2004

8. Name/Address of Business	9. Business Deals	10. Trust/Employer Name	11a. Nature of Dealing	11b.Dollar Value	1	12b. Amount
Local 30 Apprenticeship	,		ı		avel	
Training Fund	Trust	Local 30 Benefit Funds	Fund Director	0	0 Expenses	\$8,769.00
115-22 Myrtle Avenue						
Richmond Hill, NY 11418						
111111111111111111111111111111111111111						
					- Table 1	
					COMMITTEE STATES	
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Annual control of the						
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